

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

*Request to Reinstatement Class C Taxi
Certificate of Rose Mary Alexander*

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2006-132 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Rose Mary Alexander

Address: 4425 Elderwood Dr.
Ladson, S.C. 29456

Telephone: 843-609-4193

Fax: _____

Other: _____

Email: _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input checked="" type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

RECEIVED
JAN 31 2008
PSC SC
DOCKETING DEPT.

CLASS C REINSTATEMENT FORM

File the original with: Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1441 Main Street, Suite 300 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: 1-30-08

Please consider this an application for Reinstatement of my Class C:

- ☒ (Taxi) Certificate
- ☐ Charter Certificate
- ☐ Charter Bus Certificate
- ☐ Non-Emergency Certificate

My Certificate of Public Convenience and Necessity No. is 7698. My certificate was
revoked/cancelled on 12-15-06 because of failure to pay decal fees

_____. I seek re-certification because want to put Cab

Back on the Line

Rose Mary Alexander DBA _____
(Name of Company) (if applicable)

4425 Elderwood Dr.
(Street Address)

(Mailing Address if different from Street Address)

Ladson, S.C. 29456
(City, State, Zip Code)

Rose Alexander
(Signature)

843-609-4193
(Telephone Number)

Cab ~~Driver~~ Driver
(Title)